MONTANA LEGISLATIVE HISTORY

BEST COPY AVAILABLE

Chapter 340 19 95

Bill H _____ S 309 Original bill & history ___C

H. Committee on Business & Labor		S. Committee on Public Health Welfare & Safety	
Hearing Date(s) Mar 15	✓ C	Hearing Date(s) Feb 19	✓ C
Mar 16	✓ C	_____	___C
_____	___C	_____	___C
_____	___C	_____	___C
Date Out _____	___C	Feb 18	✓ C

Did this bill originate in an interim committee? ___Yes ___No

Committee _____ Report _____

SENATE BILL NO. 307

INTRODUCED BY Harding Keenan Lamer Forbes HARP Benedict Lynch Squires

A BILL FOR AN ACT ENTITLED: "AN ACT CLARIFYING THE DEFINITION OF ACUPUNCTURE; PROHIBITING UNLICENSED PERSONS FROM PURPORTING TO PRACTICE ACUPUNCTURE; AND AMENDING SECTIONS 37-13-103, 37-13-104, AND 37-13-301, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 37-13-103, MCA, is amended to read:

"**37-13-103. Definitions.** As used in this chapter, the following definitions apply:

(1) "Acupuncture" means the diagnosis, treatment, or correction of ~~the human body~~ human conditions, ailments, diseases, injuries, or infirmities by means of mechanical, thermal, or electrical stimulation effected by the insertion of solid needles. The term includes the use of acupressure and the use of oriental food therapies and herbs.

(2) "Acupuncturist" means a natural person licensed by the board of medical examiners to practice acupuncture.

(3) "Board" means the Montana state board of medical examiners.

(4) "School of acupuncture" means a school ~~where~~ in which acupuncture is taught that has been recognized and designated by the board of medical examiners."

Section 2. Section 37-13-104, MCA, is amended to read:

"**37-13-104. Partial exemptions.** (1) (a) ~~Nothing in this~~ This chapter ~~shall~~ may not be construed to require doctors of medicine, osteopathy, chiropractic, dentistry, and podiatry who are licensed in Montana to take further examinations in anatomy, physiology, chemistry, dermatology, diagnosis, bacteriology, materia medica, or other subjects ~~which~~ that are or may be required for licensure in their respective professions~~;~~. ~~but no~~

(b) A doctor of medicine, osteopathy, chiropractic, dentistry, or podiatry ~~shall~~ may not practice acupuncture in this state unless ~~and until he~~ that doctor has completed a course and passed an examination in acupuncture as required by this chapter.

(2) Except as provided in 37-13-301 and with particular regard to the insertion of solid needles, this chapter is not intended to limit, interfere with, or prevent a licensed health professional from practicing within the scope of the health professional's license."

Section 3. Section 37-13-301, MCA, is amended to read:

"**37-13-301. License required for practice.** (1) ~~No~~ A person may not engage in the practice of acupuncture in this state unless ~~he~~ the person is licensed under the provisions of this chapter.

(2) A person may not purport to practice acupuncture or use the title "acupuncturist" or any similar title unless the person is licensed under the provisions of this chapter."

-END-

APPROVED BY COM ON PUBLIC HEALTH, WELFARE & SAFETY

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in acupuncture as required by this chapter.

(2) Except as provided in 37-13-301 and with particular regard to the insertion of solid needles USED TO PERFORM ACUPUNCTURE, this chapter is not intended to limit, interfere with, or prevent a licensed health professional from practicing within the scope of the health professional's license.

(3) THIS CHAPTER DOES NOT AFFECT THE PRACTICE OF AN OCCUPATION BY AN INDIVIDUAL WHO DOES NOT REPRESENT TO THE PUBLIC THAT THE INDIVIDUAL IS LICENSED UNDER THIS CHAPTER."

Section 3. Section 37-13-301, MCA, is amended to read:

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-END-

HOUSE COMMITTEE OF THE WHOLE AMENDMENT

Senate Bill 307
Representative Simon

March 20, 1995 2:51 pm

Mr. Chairman: I move to amend **Senate Bill 307** (third reading copy -- blue).

Signed: *Representative Simon*

And, that such amendments to Senate Bill 307 read as follows:

1. Page 1, lines 15 and 16.
Strike: "THE" on line 15 through "BOARD." on line 16

-END-

ADOPT 93-0

SB 307

to get the hours needed to be licensed. This bill is designed to protect the public.

HEARING ON SB 307

Opening Statement by Sponsor:

SENATOR ETHEL HARDING, SD 37, Polson and Lake County, said SB 307 clarifies acupuncture. She presented several facts about acupuncture. **EXHIBIT 5.**

Proponents' Testimony:

Donald Beans, has been licensed to practice acupuncture in Montana for 15 years, is the founding President of Montana Association of Acupuncture and Oriental Medicine, and is the liaison between the Montana Association and the Board of Medical Examiners. He has met with the Board of Medical Examiners many times, with the purpose of elevating the standards of practice of acupuncture in Montana. Together, they formulated and made rules, which have been brought into the law, relating to ethics guidelines, charting guidelines, and sterilization procedures. SB 307 is the next step in this process, clarifying the definition of the act and scope of practice of acupuncture. The Montana Association of Acupuncture and Oriental Medicine will continue to work with the Medical Board and the Legislature to ensure that Montanans have access to safe and effective acupuncture and oriental medical services provided by fully qualified practitioners.

Sara Marie, state licensed and nationally certified Acupuncturist, President of the Montana Association of Acupuncture and Oriental Medicine, said SB 307 is asking for the addition of Acupressure and Oriental food therapy. She said licensed acupuncturists are well educated and versed in these subjects. She presented the education and training for acupuncture. **EXHIBIT 6.**

Steve Yeakel, representing the Acupuncture and Oriental Medicine Association, spoke in support of SB 307. He referred to fact number 3 of the fact sheet, **EXHIBIT 5,** or lines 1-3, page 2 of SB 307, **EXHIBIT 7.** The changes proposed are intended to remove any notion of turf battle from the legislation. The bill is only intended to address the acupuncturists scope of practice.

Florie Hamrahan, a client of a licensed acupuncturist is a strong proponent of acupuncture because of the physical results she is getting and the cost. She started going to an acupuncturist about 6 years ago, after having 2 years of chronic pain due to a car accident. She had spent several thousand dollars on pain relief remedies, then went to an acupuncturist. After about $100.00 worth of treatment, she was out of pain, and became a believer. She has had chronic sinus problems for many years, without relief, but with acupuncture and various herbs, she has had satisfying results.

Barbara Bayer, licensed Acupuncturist, said her education is a Master of Science and Art Anals and she supports SB 307.

Opponents' Testimony:

Jerry Loendorf, representing the Montana Medical Association, said there are a couple provisions in SB 307 that cause them some concern. Page 2, line 1, referring to solid needles, **EXHIBIT 7.** If the amendments may address this section, they would support the amendment. Page 2, the definition of acupuncture is expanded. They don't object to the addition of acupressure and the use of foods and herbs. Generally, they have no objection of the sale of foods and herbs, but do so in a couple of instances. If they're represented to cure diseases, for which cures have not been established for that particular substance, there is information that some could be harmful. He presented two reports documenting liver damage from herbal medications. **EXHIBITS 8 and 9**

Dr. Roger Wicke, Ph.D., Rocky Mountain Herbal Institute, testified in opposition to SB 307. He said he is concerned the language in the bill would be confusing to the general public and the issue of safety. He has encountered problems with herbal practice. He presented written testimony. **EXHIBIT 10.**

Jo Rigg, graduate of Rocky Mountain Institute, said she is not a licensed anything, but feels her training in herbs and medicines is as in-depth as given in acupuncture school. She opposes SB 307 for the same reasons given by Dr. Wicke.

Questions From Committee Members and Responses:

SENATOR BENEDICT asked if the Rocky Mountain Herbal Institute licensed, regulated, have FDA approval for the herbs, or if there is any regulation of practice.

Dr. Wicke said there are many substances that are already regulated. They are not licensed by anyone.

SENATOR KLAMPE asked **Roger Wicke** about his education.

Roger Wicke said his education is in biomedical engineering and physiology of the vestibular system. He has training in herbal medicine from the American College of Traditional Chinese Medicine and Acupuncture.

SENATOR KLAMPE asked **Roger Wicke** if he had taken a biochemistry course in nutrition.

Roger Wicke replied that he had.

SENATOR KLAMPE asked **Barbara Bayer** about if she had received a degree in nutrition.

Barbara Bayer said she had not received a degree in nutrition. She obtained a Master of Science in Oriental Medicine from Southwest Acupuncture College, in New Mexico.

SENATOR ESTRADA asked **Jerry Loendorf** if he had offered any amendments to this bill.

Jerry Loendorf said he had not.

SENATOR BENEDICT referred to **Jerry Loendorf's** statements about the ramifications from herbal medicine, and asked if there are drugs on the market, used by the medical profession, that impact the liver.

Jerry Loendorf said yes, but there is a demonstrated good effect. The good and bad are weighed when prescribing drugs.

SENATOR BENEDICT asked if there is a demonstrated good effect to herbs.

Jerry Loendorf said no, and that should be done before the bill is accepted.

SENATOR KLAMPE asked **Barbara Bayer** about her education.

Barbara Bayer replied she obtained a Master of Science in Oriental Medicine from Southwest Acupuncture College.

SENATOR KLAMPE asked if that is an accredited school and accredited by whom.

Barbara Bayer said the National Association for the Accreditation of Schools of Acupuncture and Oriental Medicine are accredited by COPRA.

SENATOR FRANKLIN asked what the main intention or focus of SB 307.

SENATOR HARDING said the focus is on line 12. Acupuncture means the diagnosis, treatment, or correction of human conditions, ailments, diseases, injuries, or infirmities by means of mechanical, thermal, or electrical stimulation effected by the insertion of solid needles.

SENATOR FRANKLIN asked if the core of intent is to define acupuncture in the statutes in the most accurate way.

SENATOR HARDING replied, yes, that was correct.

<u>Closing by Sponsor</u>:

SENATOR HARDING told a story about a friend who had positive results from acupuncture. She said acupuncture may not help everybody, but they have a purpose and do help certain people.

EXECUTIVE ACTION ON SB 307

Motion: **SENATOR BENEDICT moved the AMENDMENTS, IN CONCEPTION, TO SB 307 DO PASS.**

Discussion: **SENATOR BENEDICT** read the amendment. Page 1, line 15 after the ".", insert "Such use will remain under the licensure and regulation of the Board of Medical Examiners." Page 2, line 1, insert after needles "used to perform acupuncture." This would satisfy the concerns of the Montana Medical Association, and the Board of Medical Examiners has agreed to the language.

SENATOR MOHL came in.

Vote: The Do Pass motion for the AMENDMENTS to SB 307 CARRIED UNANIMOUSLY.

Motion: SENATOR BENEDICT moved SB 307 DO PASS AS AMENDED.

Discussion: **SENATOR FRANKLIN** asked if the concerns of the herbalists addressed.

SENATOR BENEDICT said the concerns of the acupuncturists were dealt with, but the concerns of **Dr. Roger Wicke** were not.

SENATOR ECK said there was no method for certifying or accrediting people who deal in food therapy. Some acupuncturists get that training and some do not.

SENATOR BENEDICT said there is rule-making authority by the Board of Medical Examiners that would deal with that issue.

SENATOR ESTRADA asked if the Medical Association is comfortable with the needle issue.

Jerry Loendorf said they were.

Vote: **The Do Pass motion for SB 307 AS AMENDED CARRIED UNANIMOUSLY.**

EXECUTIVE ACTION ON SB 293

Motion/Vote: **SENATOR BURNETT moved the AMENDMENT to SB 293 DO PASS.**

Discussion: **Susan Fox** read the amendment.

Vote: The Do Pass motion for the AMENDMENT to SB 293 CARRIED UNANIMOUSLY.

SENATE STANDING COMMITTEE REPORT

February 18, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 307 (first reading copy -- white), respectfully report that SB 307 be amended as follows and as so amended do pass.

Signed: Jim Burnett
Senator Jim Burnett, Chair

That such amendments read:

1. Page 1, line 15.
Following: "herbs."
Insert: "The use of oriental food therapies and herbs remains under the licensure and regulation of the board."

2. Page 2, line 1.
Following: "needles"
Insert: "used to perform acupuncture"

-END-

Amd. Coord.
Sec. of Senate

420946SC.SPV

EXHIBIT NO. 5
DATE 2/17/95
BILL NO. SB 307

KEY FACTS ABOUT SB 307 AND THE PRACTICE OF ACUPUNCTURE

FACT #1 - ACUPUNCTURE HAS A LONG HISTORY AND SOLID PROFESSIONAL CREDENTIALS, PARTICULARLY IN MONTANA.

- Acupuncture has 2,500 years of recorded history. It is based on a complex, rational working theory for accurate diagnosis and safe treatment.

- In 1984, the National Commission for the Certification of Acupuncturists (NCCA) was incorporated to develop and implement nationally recognized standards of competence in the practice of acupuncture.

- The NCCA requires a minimum of 3 years of education at an accredited school as an entry level standard for the practice of acupuncture. The average graduating requirements for most of these schools include 2416 hours in the theory and practice of Oriental Medicine, and 460 hours in Western Medicine.

- At present, Montana law requires applicants for licensure to pass a comprehensive written examination administered by the NCCA. In addition, a practical examination in "clean needle technique" and anatomically accurate point location is also required. This conforms our state to nationally set standards of competence in the practice of acupuncture.

- Montana was the second state in the nation to establish a licensing law for acupuncturists. Since 1974, the state has licensed acupuncturists under the Board of Medical Examiners. The law insures public safety, establishes a clear level of competence and has set a precedent for other states to follow.

FACT #2 - THIS BILL REPRESENTS ANOTHER STEP IN A COLLABORATIVE EFFORT TO UPGRADE THE STANDARDS OF THE PROFESSION, BY CONFORMING THE ACUPUNCTURISTS' SCOPE OF PRACTICE WITH THEIR LEVEL OF EDUCATION, TRAINING AND SKILL.

- For the past two years, acupuncturists have been working with the Board of Medical Examiners to upgrade the standards of the profession.

- Changes have been made with regard to
  - rules for ethical practice;
  - guidelines for appropriate charting; and
  - sterilization guidelines for acupuncture needles and other supplies.

- This legislation is another step forward in that relationship with the board. Its language is the product of several months' work, and several discussions before the

Board of Medical Examiners. And, while the board rarely chooses to actively involve itself in "scope of practice" legislation, it made clear its lack of any objection to the language used to draft this bill.

FACT #3 - THIS BILL DOES NOT CHANGE OR LIMIT THE PRACTICE OF ANY OTHER GROUP.

- The substantive changes in Section 2 of the bill are specifically intended to remove any notions of "turf battle" from this legislation. It says that any licensed health care professional may continue their current practices. This bill is only intended to address the acupuncturists' scope of practice. One other important point is that this bill does not address any unlicensed activities.

FACT #4 - THIS BILL IS NECESSARY TO DISTINGUISH THE TOTAL PRACTICE OF ACUPUNCTURE FROM POTENTIAL MISPERCEPTIONS THAT ACUPUNCTURE IS ONLY ABOUT THE INSERTION OF NEEDLES.

Acupuncture is not a technique which, in and of itself, provides complete and lasting cures or remedies. It is but a portion of the science of oriental medicine, which is a comprehensive philosophy of medicine that utilizes acupuncture, acupressure, oriental food therapy and herbs. These differences can be seen in the comparison below, where traditional acupuncture is contrasted with the perception and use of acupuncture as a stand-alone treatment restricted to the insertion of needles ("cookbook" acupuncture).

TRADITIONAL ACUPUNCTURE	"COOKBOOK" ACUPUNCTURE
Uses traditional diagnosis to treat symptoms and cause of symptoms.	Uses a "recipe" for treating symptoms.
Treats each "complaint" differently according to each person's diagnosis.	Treats each "complaint" the same on every person.
Produces no side effects if proper traditional diagnosis is followed.	Can potentially worsen a condition due to lack of traditional diagnosis and improper direction of treatment principals.
Addresses underlying causes as well as symptoms so symptoms can be eliminated.	Addresses symptoms only, leading to re-occurrence.

PLEASE SUPPORT SB 307.

This document is prepared and distributed by the Montana Association of Acupuncture and Oriental Medicine (MAAOM).

SENATE HEALTH & WELFARE
EXHIBIT NO. 6
DATE 2/17/95
BILL NO. SB 307

Emperor's College **Summary of hours**

Oriental theory	110 hours
Oriental diagnosis	220 hours

Oriental theory and diagnosis is the essential foundation for all treatment modalities that are utilized by an acupuncturist.

Treatment modalities

Acupuncture	320 hours
Herbs	320 hours
Food therapy	50 hours
Acupressure	40 hours
Western science & practice	530 hours
Clinical practice	800 hours
Various modalities	100 hours

(lifestyle, counseling, exercise, research, ethics, referral, practice management)

Definitions

Oriental medical theory and diagnosis - a well developed system of observing signs and symptoms to evaluate the relative balance and imbalance of the body as a whole. Appropriate treatment is selected from modalities, such as; acupuncture, herbs, food therapy, or acupressure, to reestablish proper balance and good health. Although most patients we see are also concurrently under the care of a western trained physician we are well educated regarding proper referral.

Acupuncture - the insertion of solid needles into acupuncture points, heat or electrical stimulation may be added.

Herbs - naturally occurring medicinal substances which are recommended in tea, tablet or liquid concentrated form.

Food therapy - basic foods and nutrients are recommended as part of the daily diet.

Acupressure - applying mechanical pressure (massage) to the acupuncture point.

FULL TIME (3-YEAR) CURRICULAR MODEL

YEAR ONE

WINTER QUARTER	Units	Hrs.
WS200 Chemistry	2	20
WS205 Anatomy/Physiology I	3	30
HB300 Introduction to Herbology	2	20
OM300 Phil. of Oriental Medicine	2	20
AC310 Intro. to Meridians I	3	30
OM315 Intro. to Oriental Medicine	4	40
TOTAL	16	160
SPRING QUARTER		
WS210 Biochemistry	2	20
WS206 Anatomy/Physiology II	3	30
AC311 Intro. to Meridians II	3	30
AC350 Acupuncture Anatomy	4	40
OM320 Zang /Fu Syndromes	5	50
TOTAL	17	170
SUMMER QUARTER		
WS220 Physics	2	20
WS495 Western Pharmacology	2	20
WS207 Anatomy/Physiology III	3	30
AC360 Acupuncture Therapeutics	4	40
HB315 Herb Pharmacopoeia I	3	30
OM330 Oriental Diagnosis	4	40
TOTAL	18	180
FALL QUARTER		
WS208 Anatomy/Physiology IV	3	30
WS230 Biology	3	30
WS319 West. Medical Terminology	2	20
WS290 East/West Medical History	2	20
HB320 Herb Pharmacopoeia II	3	30
OM350 Tai Qi	2	20
WS450 Pathology	2	20
TOTAL	17	170

YEAR TWO

WINTER QUARTER	Units	Hrs.
WS240 General Psychology	2	20
WS260 Basic Nutrition	2	20
OM351 Qi Gong	2	20
OM410 Chinese Internal Medicine I	3	30
AC401 Acupuncture Technique I	3	30
HB330 Herb Pharmacopoeia III	3	30
AC370 Acupressure	2	20
TOTAL	17	170
SPRING QUARTER		
WS255 Clinical Psychology	2	20
WS301, WS302 West. Physical Assessment I & II	4	40
HB340 Herb Pharmacopoeia IV	3	30
OM420 Chinese Internal Medicine II	3	30
AC402 Acupuncture Technique II	3	30
AC375 Therapeutic Massage	2	20
CL1 Clinical Observation I [Lab]	2	40
TOTAL	19	190
SUMMER QUARTER		
WS335 Clinical Nutrition	2	20
WS400 Medical Ethics & Jurisprudence	2	20
OM430 Chinese Internal Medicine III	3	30
AC403 Advanced Acu. Techniques	3	30
WS451 Western Clinical Medicine I	3	30
HB450 Herb Pharmacy	2	20
CL2 Clinical Observation II [Lab]	2.5	50
TOTAL	17.5	200
FALL QUARTER		
WS495 Western Pharmacology	2	20
WS499 Clinical Diag. by Lab Data	1	10
OM440 Chinese Internal Medicine IV	3	30
OM550 Principles of Treatment	2	20
HB410 Herb Formulae I	3	30
WS452 Western Clinical Medicine II	3	30
WS500 Practice Management	2	20
CL3 Clinical Observation III [Lab]	3	60
TOTAL	19	220

YEAR THREE

WINTER QUARTER	Units	Hrs.
HB570 Shang Han/Wen Bing	4	40
HB420 Herb Formulae II	3	30
AC500 Clinical Point Selection	3	30
WS453 Western Clinical Medicine III	3	30
CL4 Clinical Internship I [Practicum]	3	90
CLA Case Review/Presentation [Lab]	1	20
TOTAL	17	240
SPRING QUARTER		
HB430 Herb Formulae III	3	30
WS454 Western Clinical Medicine IV	3	30
AC590 Secondary Vessels	4	40
CL5 Clinical Internship II [Practicum]	5	150
CLB Case Rev./Presentation II [Lab]	1	20
TOTAL	16	270
SUMMER QUARTER		
AC510 Microsystems	2	20
OM510 Symptomatic Diagnosis	4	40
CL6 Clinical Intern. III [Practicum]	5	150
CLC Case Rev./Presentation III [Lab]	1	20
WS590 Intro. to Medical Imaging Procedures	1	10
HB440 Advanced Formulae	3	30
TOTAL	16	270
FALL QUARTER		
Electives	4	40
HB520 Chinese Nutrition	1	10
CL7 Clinical Intern. IV [Practicum]	6	180
CLD Case Rev./Presentation IV [Lab]	1	20
TOTAL	12	250

GRAND TOTALS: Academic Hours 1690

Clinic Hours 800

SENATE BILL NO. 307

INTRODUCED BY Harding Keenan Farris HARP Benedict Lynch Squires

A BILL FOR AN ACT ENTITLED: "AN ACT CLARIFYING THE DEFINITION OF ACUPUNCTURE; PROHIBITING UNLICENSED PERSONS FROM PURPORTING TO PRACTICE ACUPUNCTURE; AND AMENDING SECTIONS 37-13-103, 37-13-104, AND 37-13-301, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 37-13-103, MCA, is amended to read:

"**37-13-103. Definitions.** As used in this chapter, the following definitions apply:

(1) "Acupuncture" means the diagnosis, treatment, or correction of ~~the human body~~ human conditions, ailments, diseases, injuries, or infirmities by means of mechanical, thermal, or electrical stimulation effected by the insertion of solid needles. The term includes the use of acupressure and the use of oriental food therapies and herbs.

(2) "Acupuncturist" means a natural person licensed by the board of medical examiners to practice acupuncture.

(3) "Board" means the Montana state board of medical examiners.

(4) "School of acupuncture" means a school ~~where~~ in which acupuncture is taught that has been recognized and designated by the board of medical examiners."

Section 2. Section 37-13-104, MCA, is amended to read:

"**37-13-104. Partial exemptions.** (1) (a) ~~Nothing in this~~ This chapter ~~shall~~ may not be construed to require doctors of medicine, osteopathy, chiropractic, dentistry, and podiatry who are licensed in Montana to take further examinations in anatomy, physiology, chemistry, dermatology, diagnosis, bacteriology, materia medica, or other subjects ~~which~~ that are or may be required for licensure in their respective professions~~;~~. ~~but no~~

(b) A doctor of medicine, osteopathy, chiropractic, dentistry, or podiatry ~~shall~~ may not practice acupuncture in this state unless ~~and until he~~ that doctor has completed a course and passed an examination in acupuncture as required by this chapter.

(2) Except as provided in 37-13-301 and with particular regard to the insertion of solid needles, this chapter is not intended to limit, interfere with, or prevent a licensed health professional from practicing within the scope of the health professional's license."

Section 3. Section 37-13-301, MCA, is amended to read:

"**37-13-301. License required for practice.** (1) ~~No~~ A person may not engage in the practice of acupuncture in this state unless ~~he~~ the person is licensed under the provisions of this chapter.

(2) A person may not purport to practice acupuncture or use the title "acupuncturist" or any similar title unless the person is licensed under the provisions of this chapter."

-END-

Brief Report

Chaparral Ingestion

The Broadening Spectrum of Liver Injury Caused by Herbal Medications

SENATE HEALTH & WELFARE
EXHIBIT NO. 8
DATE 2/17/95
BILL NO. SB 307

Dafna W. Gordon, MD; Gayle Rosenthal, MD; John Hart, MD; Ronald Sirota, MD; Alfred L. Baker, MD

Unconventional medical practices, including the use of herbal remedies, are prevalent in the United States. Chaparral is an herbal preparation made from a desert shrub and used for its antioxidant properties. We report the case of a 60-year-old woman who took chaparral for 10 months and developed severe hepatitis for which no other cause could be found. Despite aggressive supportive therapy, the patient deteriorated and required orthotopic liver transplantation. She is now well, more than 1 year after her transplant. This case suggests that chaparral can cause serious liver injury and fulminant hepatic failure. Herbal medications should be considered as potential causes of liver toxicity.

(*JAMA*. 1995;273:489-490)

Report of a Case

A 60-year-old woman was hospitalized with a 1-week history of right upper quadrant abdominal pain, anorexia, and jaundice. She had been well before this time, except for coronary artery disease. The patient had no history of liver disease, blood transfusions, or alcohol use. Her medications included diltiazem hydrochloride, atenolol, enteric coated aspirin, a nitroglycerin patch, and occasional acetaminophen. She denied use of any other drugs or nutritional supplements. On physical examination, she was alert, with marked jaundice and right upper quadrant tenderness. There were no spider angiomas present.

For editorial comment see p 502.

Laboratory test results included total bilirubin of 212 μmol/L (12.4 mg/dL) (normal, 2 to 20 μmol/L [0.1 to 1.2 mg/dL]), aspartate aminotransferase of 1191 U/L (normal, 15 to 37 U/L), alanine aminotransferase of 341 U/L (normal, 15 to 37 U/L), alkaline phosphatase of 186 U/L (normal, 36 to 125 U/L), albumin of 24 g/L (normal, 32 to 50 g/L), and prothrombin time of 15.9 seconds (normal, 10.9 to 13.7 seconds). Antibody to hepatitis A virus IgM, antibody to hepatitis B core antigen, hepatitis B surface antigen, and antibody to hepatitis C virus were undetectable. Antinuclear and antimitochondrial antibody titers were not significantly raised.

Right upper quadrant ultrasound and abdominal computed tomographic scan revealed a contracted gallbladder without gallstones but with a thickened and multilaminated wall. Because of these abnormalities and persistent abdominal pain, an exploratory laparotomy was performed 1 week after admission, which revealed ascites and a nodular liver. Liver biopsy showed severe acute hepatitis with areas of lobular collapse and nodular regeneration, mixed portal inflammation, and marked bile ductular proliferation (Figure).

The patient's husband then revealed that the patient had been taking one to two capsules of chaparral daily for the past 10 months, as well as a pinch of garlic powder and a glass of herbal tea made from nettle and chickweed. Approximately 3 weeks before admission, the patient developed a "flulike syndrome" and increased her chaparral intake to six capsules daily. Jaundice occurred 2 weeks later. Her liver failure was now considered to be chaparral-induced toxic hepatitis. Because the patient was not improving, she was transferred to a tertiary care center 4 weeks after the onset of her jaundice.

On admission, she was confused and deeply jaundiced. Her encephalopathy worsened, and she developed aspiration pneumonia requiring antibiotic therapy and endotracheal intubation. In addition, the patient developed sepsis with episodes of hypotension as well as seizure activity. Renal failure ensued, which was most consistent with acute tubular necrosis and necessitated hemodialysis. Her total serum bilirubin increased to 607 μmol/L (35.5 mg/dL), and her prothrombin time increased to 28 seconds. Five weeks after her initial hospitalization, the patient underwent orthotopic liver transplantation as well as cadaveric renal transplantation. The hepatectomy specimen weighed 1100 g. Microscopic examination revealed large areas of lobular necrosis and collapse, nodular regeneration, marked portal inflammation, and bile ductular proliferation.

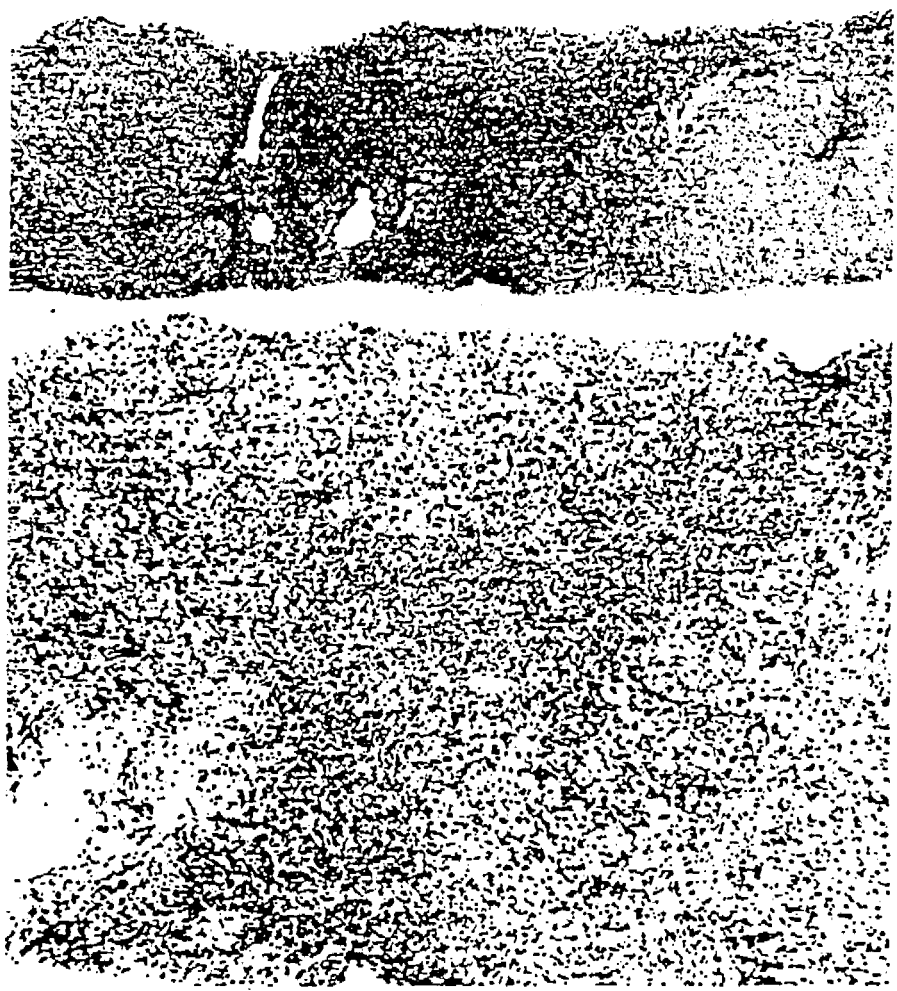
The patient's postoperative course was complicated by several infections and prolonged intubation requiring tracheostomy. She slowly recovered and was discharged. Nine months after the transplant she was readmitted for liver dysfunction; liver biopsy showed acute rejection but no evidence of hepatitis. The episode responded to treatment with corticosteroids. Antibody to hepatitis C virus was undetectable 15 months after her transplant, and hepatitis C virus RNA was negative by polymerase chain reaction. Now, more than 1½ years after her transplant, liver chemistry tests are within normal limits and the patient is well.

Comment

Chaparral is prepared by grinding leaves of an evergreen desert shrub known as the creosote bush or "greasewood." The leaves can be brewed for tea or made into capsules or tablets. Chaparral has been recommended as a "free-radical scavenger" to retard aging, as well as for skin conditions and various other disorders.[1] The active ingredient of chaparral is a potent antioxidant, nordihydroguaiaretic acid (NDGA). Used experimentally in low doses, NDGA is a potent and selective inhibitor of lipoxygenase pathways,[2,3] although in higher concentrations it also inhibits cyclooxygenase pathways[2] as well as cytochrome P-450 activity in rats.[4,5] The pathophysi-

From the Liver Study Unit, Department of Medicine (Drs Gordon and Baker), and the Department of Pathology (Dr Hart), University of Chicago (Ill) Hospitals, and the Departments of Medicine (Dr Rosenthal) and Pathology (Dr Sirota), West Suburban Hospital, Oak Park, Ill.

Reprint requests to University of Chicago Hospitals, MC4076, 5841 S Maryland Ave, Chicago, IL 60637 (Dr Baker).



Top, This low-power view of the biopsy shows severe acute hepatitis, characterized by collapse and a marked portal inflammatory cell infiltrate (hematoxylin and eosin, original magnification ×40). Bottom, This high-power view reveals marked lobular disarray due to hepatocyte ballooning and lobular inflammation and severe portal inflammation with bile ductular proliferation (hematoxylin and eosin, original magnification ×100).

ology of chaparral-induced hepatotoxicity is unknown, but at concentrations that inhibit cyclooxygenase pathways, NDGA could possibly cause a shift favoring proinflammatory mediators and potentiate hepatotoxicity.

Considerable evidence points to chaparral as the cause of this patient's liver failure. The patient's presentation was similar to that of the three previously reported cases of chaparral hepatotoxicity, with a hepatitislike syndrome characterized by a marked increase in transaminases and jaundice following ingestion of chaparral capsules for several months.[1,6] Similar to the findings in our case, the patient presented by Katz and Saibil[6] had ascites and coagulopathy with hepatic necrosis on liver biopsy. Moreover, our patient increased her chaparral dose shortly before the development of jaundice, supporting a causal relationship between the chaparral ingestion and her liver injury. In addition, despite extensive evaluation, no other etiology for our patient's liver failure could be found. Although the patient was taking diltiazem, which has been reported to cause granulomatous hepatitis,[7,8] the clinical and histologic features did not support this diagnosis. None of the patient's other medications or nutritional supplements has been associated with serious hepatotoxicity. We did not analyze the patient's uningested chaparral capsules for impurities that might have contributed to her liver injury, so it is conceivable that some component other than NDGA may have been the injurious agent. Only rechallenge with purified chaparral would unequivocally have proved that this herb was the cause of our patient's liver injury.

The patient in this report, unlike the three previously described cases with self-limited episodes of hepatitis, progressed to end-stage liver failure requiring orthotopic liver transplantation. Notably, this patient took chaparral capsules for a longer period of time than the other patients (40 weeks vs 6 to 12 weeks). It is possible that the patient had developed subclinical hepatotoxicity from chronic use of chaparral. When she increased the dose of chaparral, acute liver injury may have been superimposed on chronic liver disease resulting in fulminant hepatic failure. The patient's liver biopsy supports the hypothesis of "acute evolving to chronic" liver damage, since it shows both evidence of acute injury, with active inflammation and lobular necrosis, as well as evidence of chronicity, with regenerative activity.

Although chaparral may also have caused the patient's renal failure, this possibility seems unlikely. Renal failure developed late in her course and was associated with multiple complications that included hypotension and sepsis requiring treatment with potentially nephrotoxic antibiotics.

Most recent series show acute viral hepatitis as the most common cause of fulminant hepatic failure,[9] although a substantial number of patients with fulminant hepatic failure have no recognized cause.[10] The present case provides evidence that chaparral can cause severe toxic hepatitis. Physicians should therefore question patients regarding their use of nontraditional medications and consider these as potential causes of hepatic dysfunction.

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15 November 1994 Volume 121 Number 10

Annals of Internal Medicine

SENATE HEALTH & WELFARE
EXHIBIT NO. 9
DATE 2/17/95
BILL NO. SB 307

Acute Hepatitis Associated with the Chinese Herbal Product Jin Bu Huan

Graham M. Woolf, MD; Lidija M. Petrovic, MD; Sergio E. Rojter, MD; Sherrilyn Wainwright, DVM, MPH; Federico G. Villamil, MD; William N. Katkov, MD; Pina Michieletti, MD; Ian R. Wanless, MD; Frank R. Stermitz, PhD; John J. Beck, BS; and John M. Vierling, MD

■ *Objective:* To describe the hepatotoxicity associated with ingestion of the Chinese herbal product Jin Bu Huan Anodyne Tablets (*Lycopodium serratum*) and to propose possible mechanisms of injury.

■ *Design:* Retrospective analysis.

■ *Setting:* Academic hepatology units and private practice facilities.

■ *Patients:* Seven previously healthy patients.

■ *Measurements:* Clinical, laboratory, radiologic, and histologic studies.

■ *Results:* Acute hepatitis occurred after a mean of 20 weeks (range, 7 to 52 weeks) of Jin Bu Huan ingestion and resolved in six patients within a mean of 8 weeks (range, 2 to 30 weeks); another patient is currently improving. Hepatitis was associated with symptoms of fever, fatigue, nausea, pruritus, and abdominal pain and with signs of jaundice and hepatomegaly. Biopsy specimens showed that one patient had hepatitis with eosinophils (consistent with a drug reaction) and the other had mild hepatitis, moderate fibrosis, and microvesicular steatosis. Decreasing the Jin Bu Huan dose in one patient improved liver test results. Reusing Jin Bu Huan in two other patients caused abrupt recrudescence of hepatitis.

■ *Conclusion:* Jin Bu Huan can cause liver injury. Although the hepatotoxic mechanisms are not defined, they may include hypersensitive or idiosyncratic reactions or direct toxicity to active metabolites. Hepatotoxicity caused by herbal products underscores the importance of national surveillance programs and quality control of the manufacture of these products.

The original of this document is stored at the Historical Society at 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.

Ann Intern Med. 1994;121:729-735.

From Cedars-Sinai Medical Center, Los Angeles, California; Centers for Disease Control and Prevention, Atlanta, Georgia; St. John's Hospital, Santa Monica, California; The Toronto Hospital, Toronto, Ontario, Canada; and Colorado State University, Fort Collins, Colorado. For current author addresses, see end of text.

Estimates of the percentage of patients using alternative medications worldwide range from 4% to 50% (1). According to a recent U.S. survey, 34% of adult respondents used unconventional therapy and 3% used herbal medicines (2). In 1990, Americans made 425 million visits to providers of unconventional therapy, which exceeded the number of visits to all primary care physicians, and they spent $13.7 billion, which exceeded the cost of all hospitalizations in the United States (2).

Herbal products are rapidly gaining popularity in North America as remedies for various medical conditions. Jin Bu Huan Anodyne Tablets (*Lycopodium serratum*), a traditional Chinese herbal remedy, has been used for more than 1000 years as a sedative and analgesic but has only been available in the United States for 10 years (3). The alkaloid levo-tetrahydropalmatine is responsible for the morphine-like properties of Jin Bu Huan (4).

A recent study (5) described three children who had taken unintentional overdoses of Jin Bu Huan tablets and who developed central nervous system and respiratory depression with bradycardia. We subsequently identified three adult patients with acute hepatitis associated with Jin Bu Huan ingestion and reported this information to the Centers for Disease Control and Prevention and to the Food and Drug Administration (6). In the present report, we describe the clinical and laboratory features of seven adult patients (including the previously described patients) who ingested Jin Bu Huan and discuss possible mechanisms for Jin Bu Huan hepatotoxicity.

Methods

Patients

All seven patients were white and had no history of hepatic disease, obesity, diabetes mellitus, or atopy. Six of seven patients were women. All denied a history of excessive alcohol or hepatotoxic drug intake. Risk factors for viral hepatitis were absent in all patients. Five patients resided in Los Angeles, California; three patients had purchased Jin Bu Huan Anodyne Tablets (Guangxi Pai Se Pharmaceutical/Bose Drug Manufactory, Guangxi, China) at the same drug store. Two other patients resided in Hawaii and Toronto, Canada, respectively. All patients developed symptoms between March 1993 and March 1994 with the exception of patient 7, whose symptoms began in 1991. Ultrasound examinations of the liver and biliary tract were normal in each patient. Serologic test results in all seven patients were negative for antinuclear, anti-smooth muscle, and antimitochondrial antibodies. Prothrombin times were normal throughout the course of illness of each patient.

ROCKY MOUNTAIN HERBAL INSTITUTE

PO Box 579 Hot Springs MT 59845 USA (406) 741-3811

February 11, 1995

SENATE HEALTH & WELFARE
EXHIBIT NO. 10
DATE 2/17/95
BILL NO. SB 307

Senator Jim Burnett
Chairman, Senate Public Health Committee
Montana State Senate
Helena MT 59620

Dear Senator Burnett,

I am writing to you to express my concern over the wording of Senate Bill SB 307, "An act clarifying the definition of acupuncture". This bill proposes to redefine the word "acupuncture" in a manner that violates common sense and accepted usage.

The proposed legislation attempts to expand the scope of acupuncture by redefining the word in a way that directly conflicts with guidelines established by the National Commission for the Certification of Acupuncturists (NCCA). (See accompanying article, "A review of issues relevant to regulating Chinese herbal practice".) The NCCA recognizes acupuncture as a distinct profession from TCM herbal health care. Redefining a word by legislative fiat in contradiction to common usage does not alter this reality and is an underhanded tactic.

The changes proposed by the acupuncture lobby includes the following paragraph:

(1) "Acupuncture" means the diagnosis, treatment or correction of ~~the human body~~ human conditions, ailments, diseases, injuries or infirmities by means of mechanical, thermal, or electrical stimulation effected by the insertion of solid needles. The term includes the use of acupressure and the use of oriental food therapies and herbs.

A subsequent clause (37-13-301) of the proposed changes states:

37-13-301. License required for practice. (1) ~~No~~ A person may not engage in the practice of acupuncture in this state unless ~~he~~ the person is licensed under the provisions of this chapter.

These two paragraphs taken together imply that an individual using acupressure, oriental food products, and herbs, would be guilty of practicing acupuncture. This absurd and dangerous conclusion results from an attempt to redefine words in legal language that stretch the bounds of credibility.

If the Montana acupuncture profession merely wishes to change the statutes to allow them to use acupressure, oriental food therapies, and herbs for the purposes of insurance billing and to protect them from claims of exceeding their scope of practice, they should have no objection to the following alternative to their proposed changes:

(1) "Acupuncture" means the diagnosis, treatment or correction of ~~the human body~~ human conditions, ailments, diseases, injuries or infirmities by means of mechanical, thermal, or electrical stimulation effected by the insertion of solid needles.
[*the following sentence to be deleted from the proposed changes:* The ~~term includes the use of acupressure and the use of oriental food therapies and herbs.~~]

(1a, or 2) Acupuncturists may also use acupressure, oriental food therapies, and herbs to assist their clients in achieving the purposes of paragraph (1) above. Nothing in this Act is intended to limit, interfere with or prevent other persons from using acupressure, oriental food products, or herbs.

On the other hand, if the true intention of the acupuncture profession is to create a legislative monopoly of techniques that are, at best, peripheral to their traditionally recognized scope of practice, then they might oppose my suggested changes. If this is the case, purpose of health care licensing and regulation i the economic interests of special groups is not a

The original of this document is stored at the Historical Society at 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.

Sincerely,

Roger W. Wicke, Ph.D.

P.S. You may make as many copies as you need of the accompanying report "A review of issues relevant to regulating Chinese herbal practice", for use by legislative committee members and staff.

EXHIBIT NO. 16
DATE 2/17/95
BILL NO. SB 307

Amendments to Senate Bill No. 307
First Reading Copy

For the Committee on Public Health, Welfare, and Safety

Prepared by Susan Byorth Fox
February 17, 1995

1. Page 1, line 15.
Following: "herbs."
Insert: "The use of oriental food therapies and herbs remains under the licensure and regulation of the board."

2. Page 2, line 1.
Following: "needles"
Insert: "used to perform acupuncture"

SB030701.asf ✓

DATE 2-12-95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 401 SB 307 SB 293
SB 226

< ■ > PLEASE PRINT < ■ >

Name	Representing	Bill No.	Check One: Support	Oppose
ROBERT HAGSTRUM	MYSELF	226		✓
DR. QUINTEN R. HEHN	MCMHCA	226	✓	
CARL EDDEK	MCMHCA	226	✓	
Carol Steben-Burroughs	MCMHCA	226	✓	
Karen Figura	MCMHCA	226	✓	
Ben Burns	Self	226	✓	
TOM FERRO	SELF	226	✓	
Pete Loutheridge	OFS			
DICK LARSON	MTAOM	307	✓	
DONALD TEXIS	MTAOM	307	✓	
Roger Wicke		307		✓
Judith Gedrose	DHES			
SCOTT LUKKASON	O'CONNOR F.H.	401	✓	
LLOYD LINDLEY	MONTANA DIRECTOR FUNERAL ASSN	401	✓	
DARYL BRUNO	DCHS/AIDSAID	226	✓	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

REGISTER.F10

DATE 2/17/95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 401, 307, 293, 226

< ■ > PLEASE PRINT < ■ >

Name	Representing	Bill No.	Check One: Support	Oppos
Jo Rigg		307		✓
DENZEL DAVIS	DHES	293	✓	
Nancy Ellery	DSRS	293	✓	
Bridgette Mazurek	MAAOM	307	✓	
Gloria Hermanson	MT Psychological Assn	SB 226	Amend	
Cheryl Smith	P.O.L. - Staff Commerce	401	Info Only	
MARY C. MARTIN	POL Bd of SWRC	226	info	
TOM BUMP	Acupuncturists	307	✓	
SARA MARLIE	MAAOM	307	✓	
Barb Bayer	Acupuncturist	307	✓	
Pat Melby	Rimrock Foundation	226	✓ w/amendm	
Bob Tonis	MT. Chapt. NASW	226	Vw Amend.	
Terrie Hanrahan	Myself	307	X	
TJ Johnson	Self	307	X	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

REGISTER.F10

DATE 2/17/95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 401, 307, 293, 22

< ■ > PLEASE PRINT < ■ >

Name	Representing	Bill No.	Support	Check One Opp
Jerome Loendorf	Mt. Funeral Dirs	307		C
Jerome Loendorf	" " "	293	✓	
Sue WEINGARTNER	MT FUNERAL DIRECTORS ASSN	401	X	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

REGISTER.F10

MINUTES

MONTANA HOUSE OF REPRESENTATIVES
54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON BUSINESS & LABOR

Call to Order: By **CHAIRMAN BRUCE T. SIMON**, on March 15, 1995, at 8:00 A.M.

ROLL CALL

Members Present:

Rep. Bruce T. Simon, Chairman (R)
Rep. Norm Mills, Vice Chairman (Majority) (R)
Rep. Robert J. "Bob" Pavlovich, Vice Chairman (Minority) (D)
Rep. Vicki Cocchiarella (D)
Rep. Charles R. Devaney (R)
Rep. Jon Ellingson (D)
Rep. Alvin A. Ellis, Jr. (R)
Rep. David Ewer (D)
Rep. Rose Forbes (R)
Rep. Jack R. Herron (R)
Rep. Bob Keenan (R)
Rep. Don Larson (D)
Rep. Rod Marshall (R)
Rep. Jeanette S. McKee (R)
Rep. Karl Ohs (R)
Rep. Paul Sliter (R)
Rep. Carley Tuss (D)
Rep. Joe Barnett (R)

Members Excused: None.

Members Absent: None.

Staff Present: Stephen Maly, Legislative Council
Alberta Strachan, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing: SB 307, SB 354, SB 408
Executive Action: SB 307, SB 408, SB 350, SB 187

HEARING ON SB 307

Opening Statement by Sponsor:

SEN. ETHEL M. HARDING, SD 37, Lake County, said this bill is an act clarifying the definition of acupuncture and prohibiting unlicensed persons from purporting to practice acupuncture.

Proponents' Testimony:

Donald Beans, Past-President, Montana Association of Acupuncture and Oriental Medicine, said this has been a licensed profession in Montana for over 20 years. The law has been administered by the Board of Medical Examiners. The standards have been elevated with the Board. They have formulated and made many rules relating to ethics, charting and proper sterilization procedures. The Board can change the rules under current law. This bill is the next step in this process. It also clarifies the definition of acupuncture.

Sara Marie, President, Montana Association of Acupuncture and Oriental Medicine, supplied written testimony regarding the course of study for acupuncturists. **EXHIBIT 1**

Steve Yeakel, Montana Association of Acupuncture and Oriental Medicine, provided facts about this bill and the practice of acupuncture. Acupuncture has a long history and solid professional credentials, particularly in Montana; the bill represents another step in a collaborative effort to upgrade the standard of the profession by conforming the acupuncturists' scope of practice with their level of education, training and skill. The bill does not change or limit the practice of any other group and this bill is necessary to distinguish the total practice from potential mis-perceptions that it is only about the insertion of needles. **EXHIBIT 2**

Barbara Bayer said she is a licensed acupuncturist in the state and has practiced in Helena. She also reiterated the educational process.

Monty Garnett said he is an acupuncturist in Whitefish and Arlee. He also works in a medical clinic with doctors.

Marth Lipster, R.M., is also an herbalist. She said she supports the bill with the amendment.

Duane Borgstad said he is a licensed acupuncturist and a chiropractor.

Roger Wick said he supports the bill with the amendment.

Debra Kimmett, Coalition of Massage Therapy Groups, The Montana Association For Body Work and Message Therapy, American Message Therapy Association, Montana State Representative of the American Body Therapy Association, said there were concerns about the bill. They do support the bill with the amendment.

Mona Jamison, Montana Diathetic Association, said anything to deal with licensure appears to be turfing and people wanting to protect their license territory. They do support the bill.

REP. ROD MARSHALL, HB 28, Gallatin County, said he supports this bill.

Rorie Hanrahan said she had been a patient of an acupuncturist for a number of years and has found it to be very helpful and cost effective.

Opponents' Testimony:

None.

Questions From Committee Members and Responses:

REP. DAVID EWER questioned the use of oriental herbs and foods and questioned if this was regulated by the Board of Medical Examiners. **Mr. Yeakel** said those specific items are not regulated by the Board. With the amendment they would then fall under the Board. **REP. EWER** questioned the use of the word "remains." He also asked if acupuncturists would be allowed to sell food or herbs. **Ms. Marie** said yes.

REP. EWER asked what the Board would do if oriental herbs and food were prescribed. **Pat England, Executive Secretary/Counsel, Board of Medical Examiners,** said there are not any governmental institutions which establish the purity or advocacy of any of these materials. They are classified as foods as opposed to drugs. The quality control over those remedies are ordinarily under the Food and Drug Administration. They are not regulated at this time.

Closing by Sponsor:

The sponsor closed.

HEARING ON SB 354

Opening Statement by Sponsor:

SEN. GARY FORRESTER, SD 8, Yellowstone County, said this bill is an act providing for contractor registration; providing for fees to fund the administration and enforcement of the registration; setting requirements for registration; requiring surety bonds; providing exemptions; providing restrictions on advertising; providing for administrative hearings; providing for volitions and penalties; granting rulemaking authority to the department of labor and industry and requiring independent contractors to obtain an exemption.

Proponents' Testimony:

Mark Lindsay, Montana Building Industry Association, said they had internally decided to table the issue of independent contractors and contractor licensing for this session and

Proponents' Testimony:

Charmaine Murphy, Director, Montana Lottery, Department of Commerce, said they support this bill. Other states can negotiate contracts themselves and the Lottery should do the same. This ability will maximize revenues also. They also support the amendments.

Leo Giacometto, representing the Governor's Office, said they support this bill because it will supply revenue for the state.

Larry Akey said this bill would allow flexibility on the purchase of low cost items and they support the bill.

Opponents' Testimony:

None.

Questions From Committee Members and Responses:

None.

Closing by Sponsor:

The sponsor closed.

EXECUTIVE ACTION ON SB 307

Motion/Vote: REP. BOB PAVLOVICH MOVED SB 307 BE CONCURRED IN. REP. PAVLOVICH MOVED THE AMENDMENTS. Motion carried to adopt the Pavlovich amendments 18-0.

Motion/Vote: REP. PAVLOVICH MOVED #2 PAVLOVICH AMENDMENT. Motion carried to adopt the #2 Pavlovich amendments 18-0.

Motion/Vote: REP. EWER MOVED THE #1 EWER AMENDMENTS. A roll call vote was taken, and the Ewer amendments passed 12-6 with REPS. SIMON, MILLS, ELLIS, EWER, MCKEE and TUSS voting yes.

Motion/Vote: REP. EWER MOVED THE #2 EWER AMENDMENT. Motion carried to adopt the #2 Ewer amendment 18-0.

Motion/Vote: REP. PAVLOVICH MOVED SB 307 BE CONCURRED IN AS AMENDED. Motion carried 18-0.

EXECUTIVE ACTION ON SB 408

Motion/Vote: REP. PAVLOVICH MOVED SB 408 BE CONCURRED IN. REP. PAVLOVICH MOVED THE AMENDMENTS. Motion carried to adopt the amendments 18-0.

Motion: REP. PAVLOVICH MOVED SB 408 BE CONCURRED IN AS AMENDED.

HOUSE STANDING COMMITTEE REPORT

March 16, 1995

Mr. Speaker: We, the committee on **Business and Labor** report that **Senate Bill 307** (third reading copy -- blue) **be concurred in as amended.**

Signed: _____
Bruce Simon, Chair

Carried by: Rep. Keenan

And, that such amendments read:

1. Page 1, line 15.
Strike: "therapies"
Insert: "remedies"
Strike: "THERAPIES"
Insert: "remedies"
Strike: "REMAINS"
Insert: "is"

2. Page 2, line 5.
Insert: "(3) This chapter does not affect the practice of an occupation by an individual who does not represent to the public that the individual is licensed under this chapter."

-END-

Committee Vote:
Yes 18, No 0.

611111SC.Hbk

HOUSE OF REPRESENTATIVES

BUSINESS AND LABOR COMMITTEE

ROLL CALL VOTE

DATE 3-15 BILL NO. SB 307 NUMBER _____

MOTION: Ewer amend #1

NAME	AYE	NO
Rep. Bruce Simon, Chairman	✓	
Rep. Norm Mills, Vice Chair, Maj.	✓	
Rep. Bob Pavlovich, Vice Chair, Min.		✓
Rep. Joe Barnett		✓
Rep. Vicki Cocchiarella		✓
Rep. Charles Devaney		✓
Rep. Jon Ellingson		✓
Rep. Alvin Ellis, Jr.	✓	
Rep. David Ewer	✓	
Rep. Rose Forbes		✓
Rep. Jack Herron		✓
Rep. Bob Keenan		✓
Rep. Don Larson		✓
Rep. Rod Marshall		✓
Rep. Jeanette McKee	✓	
Rep. Karl Ohs		✓
Rep. Paul Sliter		✓
Rep. Carley Tuss	✓	

EXHIBIT 1
DATE 3-15-95
HB SB307

Emperor's College **Summary of hours**

Oriental theory	110 hours
Oriental diagnosis	220 hours

Oriental theory and diagnosis is the essential foundation for all treatment modalities that are utilized by an acupuncturist.

Treatment modalities

Acupuncture	320 hours
Herbs	320 hours
Food therapy	50 hours
Acupressure	40 hours
Western science & practice	530 hours
Clinical practice	800 hours
Various modalities	100 hours

(lifestyle, counseling, exercise, research, ethics, referral, practice management)

Definitions

Oriental medical theory and diagnosis - a well developed system of observing signs and symptoms to evaluate the relative balance and imbalance of the body as a whole. Appropriate treatment is selected from modalities, such as; acupuncture, herbs, food therapy, or acupressure, to reestablish proper balance and good health. Although most patients we see are also concurrently under the care of a western trained physician we are well educated regarding proper referral.

Acupuncture - the insertion of solid needles into acupuncture points, heat or electrical stimulation may be added.

Herbs - naturally occurring medicinal substances which are recommended in tea, tablet or liquid concentrated form.

Food therapy - basic foods and nutrients are recommended as part of the daily diet.

Acupressure - applying mechanical pressure (massage) to the acupuncture point.

FULL TIME (3-YEAR) CURRICULAR MODEL

YEAR ONE

WINTER QUARTER	Units	Hrs.
WS200 Chemistry	2	20
WS205 Anatomy/Physiology I	3	30
HB300 Introduction to Herbology	2	20
OM300 Phil. of Oriental Medicine	2	20
AC310 Intro. to Meridians I	3	30
OM315 Intro. to Oriental Medicine	4	40
TOTAL	16	160
SPRING QUARTER		
WS210 Biochemistry	2	20
WS206 Anatomy/Physiology II	3	30
AC311 Intro. to Meridians II	3	30
AC350 Acupuncture Anatomy	4	40
OM320 Zang /Fu Syndromes	5	50
TOTAL	17	170
SUMMER QUARTER		
WS220 Physics	2	20
WS495 Western Pharmacology	2	20
WS207 Anatomy/Physiology III	3	30
AC360 Acupuncture Therapeutics	4	40
HB315 Herb Pharmacopoeia I	3	30
OM330 Oriental Diagnosis	4	40
TOTAL	18	180
FALL QUARTER		
WS208 Anatomy/Physiology IV	3	30
WS230 Biology	3	30
WS319 West. Medical Terminology	2	20
WS290 East/West Medical History	2	20
HB320 Herb Pharmacopoeia II	3	30
OM350 Tai Qi	2	20
WS450 Pathology	2	20
TOTAL	17	170

YEAR TWO

WINTER QUARTER	Units	Hrs.
WS240 General Psychology	2	20
WS260 Basic Nutrition	2	20
OM351 Qi Gong	2	20
OM410 Chinese Internal Medicine I	3	30
AC401 Acupuncture Technique I	3	30
HB330 Herb Pharmacopoeia III	3	30
AC370 Acupressure	2	20
TOTAL	17	170
SPRING QUARTER		
WS255 Clinical Psychology	2	20
WS301, WS302 West. Physical Assessment I & II	4	40
HB340 Herb Pharmacopoeia IV	3	30
OM420 Chinese Internal Medicine II	3	30
AC402 Acupuncture Technique II	3	30
AC375 Therapeutic Massage	2	20
CL1 Clinical Observation I [Lab]	2	40
TOTAL	19	190
SUMMER QUARTER		
WS335 Clinical Nutrition	2	20
WS400 Medical Ethics & Jurisprudence	2	20
OM430 Chinese Internal Medicine III	3	30
AC403 Advanced Acu. Techniques	3	30
WS451 Western Clinical Medicine I	3	30
HB450 Herb Pharmacy	2	20
CL2 Clinical Observation II [Lab]	2.5	50
TOTAL	17.5	200
FALL QUARTER		
WS495 Western Pharmacology	2	20
WS499 Clinical Diag. by Lab Data	1	10
OM440 Chinese Internal Medicine IV	3	30
OM550 Principles of Treatment	2	20
HB410 Herb Formulae I	3	30
WS452 Western Clinical Medicine II	3	30
WS500 Practice Management	2	20
CL3 Clinical Observation III [Lab]	3	60
TOTAL	19	220

YEAR THREE

WINTER QUARTER	Units	Hrs.
HB570 Shang Han/Wen Bing	4	40
HB420 Herb Formulae II	3	30
AC500 Clinical Point Selection	3	30
WS453 Western Clinical Medicine III	3	30
CL4 Clinical Internship I [Practicum]	3	90
CLA Case Review/Presentation [Lab]	1	20
TOTAL	17	240
SPRING QUARTER		
HB430 Herb Formulae III	3	30
WS454 Western Clinical Medicine IV	3	30
AC590 Secondary Vessels	4	40
CL5 Clinical Internship II [Practicum]	5	150
CLB Case Rev./Presentation II [Lab]	1	20
TOTAL	16	270
SUMMER QUARTER		
AC510 Microsystems	2	20
OM510 Symptomatic Diagnosis	4	40
CL6 Clinical Intern. III [Practicum]	5	150
CLC Case Rev./Presentation III [Lab]	1	20
WS590 Intro. to Medical Imaging Procedures	1	10
HB440 Advanced Formulae	3	30
TOTAL	16	270
FALL QUARTER		
Electives	4	40
HB520 Chinese Nutrition	1	10
CL7 Clinical Intern. IV [Practicum]	6	180
CLD Case Rev./Presentation IV [Lab]	1	20
TOTAL	12	250

GRAND TOTALS: Academic Hours 1690

Clinic Hours 800

EXHIBIT A
DATE 3-15-95
HB SB 307

Board of Medical Examiners. And, while the board rarely chooses to actively involve itself in "scope of practice" legislation, it made clear its lack of any objection to the language used to draft this bill.

FACT #3 - THIS BILL DOES NOT CHANGE OR LIMIT THE PRACTICE OF ANY OTHER GROUP.

The substantive changes in Section 2 of the bill are specifically intended to remove any notions of "turf battle" from this legislation. It says that any licensed health care professional may continue their current practices. This bill is only intended to address the acupuncturists' scope of practice. One other important point is that this bill does not address any unlicensed activities.

FACT #4 - THIS BILL IS NECESSARY TO DISTINGUISH THE TOTAL PRACTICE OF ACUPUNCTURE FROM POTENTIAL MISPERCEPTIONS THAT ACUPUNCTURE IS ONLY ABOUT THE INSERTION OF NEEDLES.

Acupuncture is not a technique which, in and of itself, provides complete and lasting cures or remedies. It is but a portion of the science of oriental medicine, which is a comprehensive philosophy of medicine that utilizes acupuncture, acupressure, oriental food therapy and herbs. These differences can be seen in the comparison below, where traditional acupuncture is contrasted with the perception and use of acupuncture as a stand-alone treatment restricted to the insertion of needles ("cookbook" acupuncture).

TRADITIONAL ACUPUNCTURE	"COOKBOOK" ACUPUNCTURE
Uses traditional diagnosis to treat symptoms and cause of symptoms.	Uses a "recipe" for treating symptoms.
Treats each "complaint" differently according to each person's diagnosis.	Treats each "complaint" the same on every person.
Produces no side effects if proper traditional diagnosis is followed.	Can potentially worsen a condition due to lack of traditional diagnosis and improper direction of treatment principals.
Addresses underlying causes as well as symptoms so symptoms can be eliminated.	Addresses symptoms only, leading to re-occurrence.

PLEASE SUPPORT SB 307 (as amended).

This document is prepared and distributed by the Montana Association of Acupuncture and Oriental Medicine (MAAOM).

KEY FACTS ABOUT SB 307 AND THE PRACTICE OF ACUPUNCTURE

FACT #1 - ACUPUNCTURE HAS A LONG HISTORY AND SOLID PROFESSIONAL CREDENTIALS, PARTICULARLY IN MONTANA.

Acupuncture has 2,500 years of recorded history. It is based on a complex, rational working theory for accurate diagnosis and safe treatment.

In 1984, the National Commission for the Certification of Acupuncturists (NCCA) was incorporated to develop and implement nationally recognized standards of competence in the practice of acupuncture.

The NCCA requires a minimum of 3 years of education at an accredited school as an entry level standard for the practice of acupuncture. The average graduating requirements for most of these schools include 2416 hours in the theory and practice of Oriental Medicine, and 460 hours in Western Medicine.

At present, Montana law requires applicants for licensure to pass a comprehensive written examination administered by the NCCA. In addition, a practical examination in "clean needle technique" and anatomically accurate point location is also required. This conforms our state to nationally set standards of competence in the practice of acupuncture.

Montana was the second state in the nation to establish a licensing law for acupuncturists. Since 1974, the state has licensed acupuncturists under the Board of Medical Examiners. The law insures public safety, establishes a clear level of competence and has set a precedent for other states to follow.

FACT #2 - THIS BILL REPRESENTS ANOTHER STEP IN A COLLABORATIVE EFFORT TO UPGRADE THE STANDARDS OF THE PROFESSION BY CONFORMING THE ACUPUNCTURISTS' SCOPE OF PRACTICE WITH THEIR LEVEL OF EDUCATION, TRAINING AND SKILL.

For the past two years, acupuncturists have been working with the Board of Medical Examiners to upgrade the standards of the profession.

Changes have been made with regard to

- rules for ethical practice,
- guidelines for appropriate charting, and
- sterilization guidelines for acupuncture needles and other supplies.

This legislation is another step forward in that relationship with the board. Its language is the product of several months' work, and several discussions before the

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Business + Labor DATE 3-15-95

BILL NO. 307 SPONSOR(S)

PLEASE PRINT PLEASE PRINT PLEASE PRIN

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Bridgette Mazurek 311 Jackson Helena	MAAOM	✓	
Dwayne Borgstrom	self	✓	
Barbara Bayer	MAAOM	✓	
Roric Hanrahan 800 S. Rodney Helena	self	✓	
Mary Jamison	mt dietetic Assn	✓ as amend	
Martha Hibster RN	self	✓	
Doc Aklin	SELF	✓	
Carl Schweitzer	MT Cat Assn	✓	

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Business & Labor DATE 3-15-95

BILL NO. SB 307 SPONSOR(S)

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NAME AND ADDRESS	REPRESENTING	Support	Oppo
Linda Kremer P.O. Box 1541 Bozeman 59771	Bozeman Acupuncture Wellness Center	✓	
DICK CARSON 3 Lincoln Hills Drive Missoula 59802	Acupuncture Clinic of Missoula	✓	
DON BEANS 245 COMMERCIAL ST. BIGFORK	MAAOM	✓	
STEVE MARTINEZ 1125 7th AVE E. Kal. MT. 59901	MAAOM	✓	
Ann Waltz 322 2nd Ave W. Kalispell	Flathead Valley Acupuncture & Naturopathic Clinic	✓	
Deborah A. Kimmet PO Box 8394 Missoula, MT	MABMT, AOBTA, AMTA	✓	
Roger Vicke PO Box 579, Hot Springs MT 59845			✓
Jo Riggi 1715 Kelly Rd, Helena			✓
Steve Yeakel	MAAOM	✓	
Monte Garnett 547 Spokane Ave Whitefish MT, 59937	Whitefish Acupuncture	✓	
SARA MARIE 245 Commerce Bigfork MT	MAAOM	✓	
Benjamin J. Johnson	Healing Mind	✓	
[illegible]	Acupuncture Health Clinic	✓	

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SB307